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VIA FACSIMILE: (703) 872-9306

PATENT
BUR02 P-124

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group	:	3723
Examiner	:	Debra Meislin
Applicants	:	John P. Kane and Karl D. Sachs
Serial No.	:	10/691,431
Filing Date	:	October 22, 2003
For	:	DUAL RING TIRE INFLATOR WITH SPLITTABLE SUPPORT PLATE

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (703) 872-9306

Dear Sir or Madam:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (6 pages)

YOU SHOULD RECEIVE A TOTAL OF 9 PAGES.

Date: March 7, 2005

Susan L. Gasper

Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
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(616) 975-5500

TAF/slg

PATENT
BUR02 P-124

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Applicants : John P. Kane and Karl D. Sachs
Serial No. : 10/691,431
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For : DUAL RING TIRE INFLATOR WITH SPLITTABLE SUPPORT PLATE

Group Art Unit : 3723
Examiner : Debra S. Meislin

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P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile No. (703) 872-9306

Dear Madam:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 35	Minus	** 54	= 0	x $25	$.00	x $50	$ 0.00
Independent Claims	* 9	Minus	*** 9	= 0	x $100	$.00	x $200	$ 0.00
First Presentation of Multiple Dependent Claims					$180	$.00	x $360	$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						$.00		$ 0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ___ Small entity status of this application has been established.
2. X No additional Fee is required.
3. ___ A check in the amount of $_____ is attached.
4. X Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: March 7, 2005

By _____
Timothy A. Flory, Registration No. 42 540
2851 Charlevoix Drive, S.E.
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

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Dear Madam:

RESPONSE

Responsive to the Office Action mailed December 7, 2004, Applicants wish to amend the application as follows:

Amendments to the Claims are reflected in a listing of claims which begins on page 2 of this paper.

Remarks are on page 6 of this paper.